

Little Traverse Bay Bands of Odawa Indians
2018 Elders Dental Program

Date: January 1, 2018

Aanii LTBB Tribal Elder:

This letter is intended to provide you with information regarding the Elders Dental Service Program. The Elder's Dental Services Program can be accessed one (1) time within current calendar year prior to any dental services performed. The Elders Dental program will provide services to all LTBB Elders. To be eligible for the program Tribal Elder must provide copy of their enrollment card.

- ❖ Tribal Elder must provide an invoice that contains dental services being provided along with a cost of the services. Only the following services shall be approved for payment: dentures, bridges, crowns, all prep work necessary to complete the aforementioned items, or such other items that would not be considered general maintenance or cosmetic in nature as shall not to exceed \$2,400.00 per calendar year per Elder.
- ❖ The LTBB elder must exhaust all their available medical/dental coverage options before applying for this program. The LTBB Elder's Dental services program is the payer of last resort.
- ❖ Work performed must have taken place on or after February 11, 2018 to be eligible for this program.
- ❖ If an Elder resides within the LTBB 27 county service area they are to use our LTBB Dental clinic and shall request an invoice of costs for services from the Dental Clinic.
- ❖ If an Elder resides outside the LTBB 27 county service area, they may participate in a direct billing option which requires the Dental Service provider to participate as an LTBB Vendor including submission of an invoice, prior to dental services being paid, **or**
- ❖ If an Elder resides outside the LTBB 27 county service area, they may participate in the reimbursement option. This option will require the Elder to first check with the Elder's Dental program to ensure that there are adequate funds available for reimbursement. The Elder's Dental program will reimburse the Elder upon receipt of an invoice for services showing that payment has been made.
- ❖ Complete release of information agreement.

Each elder is required to complete the enclosed application. In order for the application to be processed in a timely manner, it is important that the directions for this program be followed and completed properly.

Applicant will be notified once a decision has been made. If approved, a requisition will be submitted to tribal accounting offices for direct payment to vendor. If denied a notice will be mailed to applicant, stating reason for denial.

If you have any questions about the application process, please contact Elders Department at (231) 242-1423 or (231) 242-1422.

Name _____ Enrollment # _____
Address _____ Birth date _____
City _____ State _____ Zip _____ Phone _____

Dentist Name	
Complete Mailing Address	
Your Account Number	

- Applicant's Signature _____ Date _____

Elder's Program Signature _____ Date _____

☐ Completed application
☐ Treatment Plan
☐ Release
☐ Tribal ID

[illegible]

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LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS
Elder Department
7500 Odawa Circle
Harbor Springs, MI 49740

RELEASE OF INFORMATION AGREEMENT

Name: _____
(Last) (First) (MI)

Maiden Name: _____ Alias: _____

Date of Birth: _____ / _____ / _____ Social Security Number: _____ / _____ / _____

Address: _____
(Street) (P.O. Box) (County)

(City) (State) (Zip)

Home Phone Number: _____ / _____ / _____

Work Phone Number: _____ / _____ / _____

Drivers License Number: _____

I hereby authorize my confidential dental information to be released from the offices that hold information regarding any care and/or to release any confidential information between LTBB Elder department listed in this agreement:

Applicant / Client Signature: _____
(Date)

Tribal I.D. number

Agencies Releasing Information To Each Other

Little Traverse Bay Bands of Odawa Indians
Elder Department
7500 Odawa Circle
Harbor Springs, MI 49740
Phone No: (231) 242-1423
Fax No: (231) 242-1430

Dental provider:

Blue Cross/Blue Shield or other insurance company:

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